

VALEDICTORY  
PRESIDENTIAL ADDRESS

TO THE

MEMBERS OF THE MEDICO-CHIRURGICAL  
SOCIETY OF EDINBURGH.

*(Delivered 2nd November 1887.)*

BY

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## VALEDICTORY PRESIDENTIAL ADDRESS.

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GENTLEMEN,—In accordance with the custom of the Society, I rise to address you for a few minutes before I relinquish the Presidentship to which two years ago you did me the honour of electing me. Permit me again, as on that occasion, to thank you cordially for the honour, and now, also, for the courtesy and consideration which I have invariably experienced, and to assure you that I reckon it among the greatest distinctions which the profession in Edinburgh could confer, that one should be called to preside over this distinguished Society.

On considering the events which have occurred during these two years, we cannot fail to be impressed with the number and formidable character of the losses which we have sustained by death. We have lost the last personal link that bound us to the first year of the Society's existence, for it was in 1821, when the Society was newly formed, when Dr Duncan, senior, was President, that Mr William Brown became a member. There may be some here who knew little or perhaps nothing of the genial, God-fearing, quaint, and kindly man, who so quietly and unostentatiously performed his duties to his patients and his College, to this Society, and to the Medical Missionary Society over which he presided for so many years. By those of us who did know him his memory must always be treasured as that of a man who most faithfully fulfilled every duty that was entrusted to him. Nor can those of us who are passing into the ranks of the seniors forget the noble qualities and conscientious laboriousness of Dr Burns, the geniality and professional skill of Dr Dunsinure, nor the strong character, wide reading, and eminent culture of Dr Cumming. I shall not dwell upon the valuable qualities of Dr Finlay of Newhaven, Dr Williamson of Leith, or Mr Pridie of Newington, nor of our esteemed country brethren, Drs Longmuir of Bathgate and Ferguson of Peebles, nor of men cut off early in life like Dr Francis Moinet, and Dr Bennet of Leith, whose recent death his friends so deeply deplore. But I must allow myself one word regarding Dr James Sidey, a man endeared to the community by many fine

qualities. The son of a shrewd and indeed very able practitioner, he was early in life introduced to a large clientèle, and from the beginning to the end of his career he conducted with the utmost assiduity his arduous practice. I have heard it asserted that the cabmen on night duty were more familiar with his address than with that of any other doctor in the New Town; and that one of them had been known to assure an anxious father that he had already twice been down for the Doctor in that single night. In his practice he was ingenious and often original, and his resources were rich beyond those of most. But although working so hard he found time for amusements, and for the enjoyment of the artistic and literary companionships by which his life was enriched. The genial, humorous, and happy songs and sketches of his *Mistura Curiosa* and *Alter Ejusdem*, made him known and liked beyond the immediate circle of his acquaintances, and the regret was sincere and widespread when it became known that he had succumbed to the sea of troubles which had arisen around him.

Dr Angus Macdonald's career was a typical illustration of one of the finest points in the history of our profession and of other professions in Scotland. I have heard people in his native district speak with pride of the bright, eager, capable boy, and I saw with what interest they had watched how he had succeeded in breasting the blows of circumstance and grappling with his evil star; how he made his way from school to college, and after a distinguished career as an undergraduate took his degree in Arts in the University of Aberdeen; how he came to Edinburgh, and there was equally distinguished as a student of medicine, and worked his way up till he enjoyed one of the foremost positions in the department of professional life to which he had devoted himself. The failure of his health caused widespread regret, and his early death was lamented by multitudes.

Dr Rutherford Haldane's career, although in some points resembling, differed in many particulars from that of Dr Macdonald. Descended from a line of ancestors illustrious in science, in medicine, in law, in divinity, and in war, he showed from early days that he was gifted with unusual ability. In the interesting memoirs of James and Robert Haldane it is told with what pleasure his father heard that the young student in his second year of medical study had taken the highest place in physiology and in surgery, distancing in the latter his fellows of the fourth year. His achievements in other studies and at his graduation corresponded to this success. His long tenure of the Pathologistship and of the Physicianship to the Royal Infirmary gave him a firm grasp of practical medicine, and the lucidity, I might say the luminousness, of his expositions made him one of the most popular lecturers in the School. I have heard those who knew him well speak with intense admiration of his diagnostic skill and practical sagacity, and it is probable that

had he not possessed very ample means he would have acquired a much wider practice than he did. His unfailing courtesy, his extraordinary business capacity, and his faculty of lucid statement, to which I have already referred, combined to render him one of the most useful and esteemed members of this Society, as of the Royal College of Physicians, the General Medical Council, and the University Court.

There was one other member of the Society who died within the past two years, and who was better known to myself than to most of the members, and I crave your indulgence while I say a word of him which some of you may consider out of proportion to the services he was permitted to render the Society. From his earliest student days I was intimately acquainted with Dr John Bishop. While still engaged in business in his native town of Sheffield he was a constant student of literature and philosophy. He corresponded upon philosophic questions with Dean Mansell, and was familiar with the writings of Sir William Hamilton.<sup>1</sup> He worked also at chemistry and other departments of science, and whenever his circumstances made it possible he relinquished business in order to study medicine. Coming to Edinburgh, he became the devoted admirer of Goodsir and Turner, of Syme and Lister, and when he had graduated he became the private assistant of the author of the antiseptic system. Of the esteem in which he was held by his chief no better token could be given than the fact, that Sir Joseph volunteered to go from London to the Riviera, in the depth of winter, in order to try whether surgical operation might avert his impending death. The moral and intellectual qualities of Dr Bishop were of the highest order. His professional attainments and the zeal with which he discharged his duties deserve the utmost praise, and those of us who knew him best feel very deeply how much was lost to the profession by his early death. Like Mr Brown, of whom I spoke first, he was a man of deep religious earnestness, and exerted himself strenuously on behalf of medical missions and kindred institutions.

We cannot but be saddened when we contemplate the long list of formidable losses which the Society has sustained, and to which I have thus briefly referred.

On such an occasion as this it may be appropriate for us as members of this, the chief Medical Society of Edinburgh, and the Institution which most generally represents the brotherhood of the profession, to make a brief survey of the work that the profession is doing in the community, and consider in what respects and in what manner it might be better done.

In a great medical centre such as Edinburgh the profession performs at least four functions, and I should like to draw your attention briefly to each of them. Let us see what we are doing in our

<sup>1</sup> His philosophic library is to form the nucleus of the library of reference of the University, having been kindly presented to that Institution by his widow.



work as *practitioners*, what we are doing towards the *prevention of disease*, what we are doing in the way of *advancing medical knowledge*, and what in regard to the *education* of those who are to be our colleagues and successors.

It will not be disputed that our profession always does its work best when all these departments are in full operation. The whole tone of practice in a community is raised when a medical school becomes established, and it is when practice is at its best that the value of sanitary improvements is most fully realized, and original investigations are most likely to be made, appreciated, and encouraged. The community, as well as the profession in Edinburgh, may be congratulated upon the fact that here for so many years the profession has been discharging each of the four functions.

#### IN PRACTICE.

It is manifest that under the first of my four categories are embraced relationships of so special, personal, and private a nature that it is difficult to form an estimate of the way in which they are fulfilled, at least such an estimate as could be formulated on a public occasion like this; but I think we may, without arrogance, claim that our work as practitioners in Edinburgh is done as efficiently as it is in most other places, although, doubtless, each one of us is painfully conscious of his own errors in the past and deficiencies in the present.

But there are some questions which we can very easily discuss, and to which I shall ask your attention for a moment; and first, as to the proportion which our profession bears to the population now as compared with twenty-five years ago. I select that time, as I have myself been cognizant of what has been going on in the profession during that period. I find that in 1862 the population was about 169,000, and there were 156 medical practitioners in the city, or one for rather less than each 1100 of the inhabitants. In 1886, the population had risen above 211,000, and the number of medical men was 224, or one to rather more than 900 of the population. Thus the community is abundantly provided with medical men, and the cry is still they come. Many hold that the profession here is becoming overstocked, and certainly the competition has no lack of keenness, but the character of the population in Edinburgh justifies a larger proportion of doctors than would be warranted in the case of a manufacturing town, and the numerous positions in connexion with our Medical School induces capable and ambitious young men to settle in the city. It appears also that during the twenty-five years the status of the profession has in some respects improved, for whereas out of the 156 practitioners in 1862, 11, or one in 14, had druggists' shops, now only 3 out of the 224, or one in 74, are in the same position. This change has followed upon another of which I have often heard my older professional brethren speak, namely, the disappearance of the custom

of practitioners dispensing their own drugs, a custom which still persists extensively in England, but disappeared from Edinburgh fifty or sixty years ago.

Our medical institutions have during the twenty-five years undergone a wonderful development. In 1862 we had the Royal Infirmary, the Sick Children's Hospital, the Maternity Hospital, and the Royal Asylum for the Insane. We now have these, and in addition we have the Chalmers Hospital, the City Fever Hospital, the Longmore Hospital for Incurables, and our old institutions have immensely increased in extent. Whereas the Royal Infirmary received in 1862, 3892 patients, last year it received 8088, while its expenditure has risen from £14,000 to £33,000 a year. The magnificent buildings, of which the city is so justly proud, have replaced those which, although admirable at the time they were built, had fallen far behind modern ideas of hospital equipment.

The Sick Children's Hospital was in its infancy in 1862, for it then had 23 beds, and the number of children received during the year was 265. It now has 72 available beds, and last year received 649 patients. It is to be noted also that both in the Infirmary and the Sick Children's Hospital beds which were formerly set aside for fever cases are no longer required since the transference of the charge of fever cases to the City Hospital.

The Old Maternity Hospital appears to have received in 1862 as many in-patients as the present one does, but the accommodation now provided is very different, and the number of patients attended at their own homes is much greater.

The Royal Asylum for the Insane afforded accommodation in 1862 for 680, now for 825. The number of patients has risen from 679 to 803. The number of the staff has been increased from 118 to 182, and the expenditure from less than £23,000 to about £39,000 a year.

The City Fever Hospital is arranged so as to meet the requirements of any ordinary epidemic. During the late outbreak of scarlet fever as many as 270 cases were housed there at one time, and more could have been admitted, and from intimate acquaintance with the arrangements of the Hospital, I can testify that it is most admirably organized.

The Longmore Hospital affords accommodation for 66 cases which are regarded as incurable, and in 1886 it had in all 108 cases under treatment.

Besides all these institutions in which resident patients are treated, we have a large and increasing number of dispensaries in vigorous operation, supplying advice and medicine to the poorer classes in the most liberal way. I think, gentlemen, that we are entitled to claim that on the whole the community is excellently served.

As to the position enjoyed by the members of our profession, it

also is satisfactory. The public knows well the value of really good medical advice, and accords to the profession a most generous recognition. It may be held to be better than it is in some more southerly regions, where the professional emoluments may be greater.

#### IN PREVENTION.

Our second question relates to what the profession is accomplishing in the way of sanitation and the prevention of disease. It is scarcely necessary to vindicate the expression "the profession is accomplishing," for every one who is familiar with the subject will admit that it is to our profession that the community is mainly indebted for the advances made in these respects, and I cannot but say that in a very special measure Edinburgh is indebted to my predecessor in this chair, the Officer of Public Health. The population of the city in 1862 was 170,000, the deaths that year were 4661; in 1886 the population had risen to 211,406, while the deaths had fallen to 4149. Thus in 1862 the death-rate was 26·65 per thousand; in 1886 it had fallen to 19·62. Such a change is eminently satisfactory, but one is led naturally to turn to the statistics of the zymotic mortality. In 1862 the zymotic group accounted for 19·73 per cent. of the total deaths, in 1886 for 8·34 per cent. only, and I am assured that this is not merely an accidental result of epidemic outbreak in 1862, or immunity from this in 1886, but corresponds to continuous experience. It is thus manifest that the improvement has occurred mainly in the groups of diseases most influenced by sanitary precautions.

The diminution of mortality implies an immense saving of life, and when we consider that each fatal illness is held to correspond to twelve serious illnesses not terminating fatally, we see what an immense saving to the wealth of the community must be effected by the causes which have brought about this result.

Another question which emerges is, Whether a special change is observable in the poorer and most overcrowded districts of the city? I have access to information for 1861 and for 1881, and comparing them, I find that while in almost every district of the city improvement has taken place, so that the whole city has unmistakably benefited, distinct improvement has occurred in the Abbey, the Tron, St Giles, the Canongate, and the Grassmarket districts, which you know to be our poorest parts. In them a decrease of mortality varying from 3·77 to 20·71 per thousand has taken place.

The sanitary conditions have been improved during the twenty-five years, in respect of water-supply, drainage, probably improvement of plumber work, and diminution of the density of the population in certain districts. As to the water supply, the total cost of the waterworks up to 1862 had been half a million, by 1886 it had risen to one million sterling. The daily supply of



water in 1862 was seven million gallons, in 1886 it was fifteen millions. With regard to drainage, a sum of £260,000 was expended during the quarter of a century, apart from what was spent by proprietors and tenants in connexion with their own property, and of this we may form some estimate from the fact that in the year 1886-7 £13,000 was spent by order of the authorities, and at least £5000 apart from this. Improvements have also taken place as to the domestic sanitary arrangements, both in regard to the introduction of water and the removal of sewage.

The opening up of congested districts by means of the City Improvement Scheme was a most important factor in diminishing the mortality. I remember well Dr William Chambers, when Lord Provost, expressing at a dinner of the Royal College of Physicians the hope that when the scheme, which he was then inaugurating, was carried out the mortality of the poorer districts would become as low as that of the richer parts of the city; and Sir James Simpson, later in the evening, said that if the Lord Provost should succeed in accomplishing so much, he ought to be made an Honorary Fellow of the College. The results attained afford some justification of Dr Chambers's sanguine anticipations. A sum of nearly £560,000 has been expended upon these clearances. Wide and comparatively healthy streets have been opened up through districts formerly infested with disease, and while, for example in the Tron district, the population has been reduced from 314·5 per acre to 178·5, the mortality per 1000 has fallen from 34·5 to 28·9.

Much has also been done by the municipal authorities in the way of providing open spaces as recreation grounds. The establishment of the Arboretum, the purchase of Blackford Hill, the opening of Stockbridge Park and of the Harrison Park, must all prove important aids towards the diminution of mortality, and there are other very weighty factors, such as the diminution of intemperance and the improvement of the quality of food, which must be highly valued.

I am inclined to attach great importance to the system of notification of infectious diseases which Dr Littlejohn has succeeded in introducing among us. You are all familiar with the fact that in accordance with the Police Act of 1879, we are bound to give prompt notice of the occurrence among our patients of cases of the chief zymotic diseases. By the operation of this law the authorities are at once made aware of the occurrence of each individual case of infectious disease as soon as the practitioner in attendance is able to establish a diagnosis. The authorities are thus put in a position which enables them to adopt measures for stamping out the disease before it has time to spread. These measures consist in the isolation of those who have become affected, and, as a general rule, their removal to the Fever Hospital, the removal of neighbours who may have been exposed to the fever

poison to houses of refuge, and the disinfecting of the rooms, houses, or tenements in which the outbreak has occurred. By such means many outbreaks of typhus and smallpox have been prevented from becoming formidable, and the severity of other epidemics has been materially mitigated. The authorities have expended upwards of £5000 in fees to medical men for their returns since the system of notification came into action. We may congratulate ourselves, I think, upon the fact that Edinburgh has led the van of improvement in this matter, and I hope that we shall continue to carry out and to extend its beneficent operations. The thought has strongly impressed itself upon some of us that it is absolutely essential that we extend the precautions beyond the urban districts, and that we should get powers to compel notification of a similar kind in the districts from which the milk supply of the city is drawn. The recent formidable outbreak of scarlet fever was, in my opinion, conclusively shown to be due to contamination of the milk supply, and that not from fault of the dairies sending it out, but from their sources of supply in the country. Many valuable lives might have been saved and much formidable illness avoided if the earliest case occurring in that dairy farm had been notified. When the community becomes alive to the importance of this matter, we ought not to have long to wait for satisfactory legislation. I have formulated some suggestions which I think might prove useful as extensions of or additions to our existing arrangements:—

(1.) That the notification of infectious disease should be rendered compulsory in country districts as it now is in the city.

(2.) That power should be given to the authorities to compel the retailers of milk to give complete lists of the sources from which they obtain their milk supply, and also to compel dairy farmers to give lists of retail dairies which they supply.

(3.) That in various centres throughout the counties, hospitals and houses of refuge should be provided, to which the sick and those exposed to infection may be removed, as is at present done in the towns.

(4.) That the city should continue to secure open spaces, especially heights, such as Craiglockhart and Corstorphine Hills, which, though now outside the city, will soon be within its boundary.

(5.) That new buildings and the sanitary arrangements in connexion with them should be very strictly supervised, and perhaps that no property should be allowed to be let unless it be certified to be sanitarily sound.

(6.) That all classes of the community should be encouraged to send cases of zymotic disease to the Fever Hospital for treatment.

(7.) That persons suffering from diseases infectious in their later stages, such as smallpox and scarlet fever, should be rigidly isolated until all danger of their spreading the disease is past.

## ORIGINAL RESEARCH.

What are we doing for the advance of medical knowledge? The opportunities for original work have immensely increased in every respect since 1862. The old fields for clinical observation have been vastly extended and new ones have been opened up. The number of medical appointments in the Infirmary and in other institutions has been very greatly increased. We have now, for example, two pathologists constantly at work.

The public museums have been put on a more satisfactory footing, so as to be available for study and research, and the libraries have made great progress, in particular that most valuable of existing collections of medical books in the Royal College of Physicians. Upwards of £10,000 has been expended since 1862 in that institution on the purchase of medical books, and 12,000 volumes have been added to the collection. If it be true, as has been asserted by one of the most distinguished authors of our time, that the bird of scientific discovery lays its eggs at the top of a pyramid of information, access to such a collection is of the utmost moment to all who are engaged in such work.

But new methods have also been introduced, methods by which we can permanently record facts of cases, and preserve the histological features of morbid processes. Above all, we have had an astonishing growth of laboratories in which scientific work may be carried on. Every department of the University Medical Faculty has its laboratory for research. Instead of the dissecting-rooms and the practical chemistry departments being alone provided, as in 1862, we have now every Chair more or less amply supplied. Not only so, but private laboratories have been bringing out good work, and above all these the magnificent Institution just founded by the Royal College of Physicians provides Edinburgh workers with opportunities at least as ample as any to be found in this country. It would be impossible in the time at my disposal to do justice to the original work that Edinburgh has produced during the past twenty-five years, and on the clinical side I shall mention only the share it has had in developing antiseptic surgery and establishing ovariectomy and other operations on a secure and steadfast basis. There can be few among us who have failed to observe with satisfaction the work which has been produced by the laboratory of *Materia Medica* in connexion with the action of the nitrites, of saline purgatives, and of strophanthus; that of Physiology, especially in relation to the liver functions; that of Surgery, in the whole field of bacteriology; and that of Practice of Physic, in relation to the etiology of phthisis. Nor have the private laboratories been behindhand, for we must all look with pride at the splendid research of Dr Bruce on the anatomy of the nervous system, and at the achievements of our school of obstetricians in relation to pelvic anatomy.



In this and in other medical societies we have also important fields, and I think we can look with no little satisfaction at the use that has been made of the opportunities enjoyed here.

If I may be allowed to offer some suggestions as to the best means of making further advances in this department of our professional duty, I should say—

(1.) That we should take care to keep forward in the line of clinical research, in the accurate and minute investigation of the phenomena of disease and of its treatment.

(2.) That we should seek to employ our improved pathological methods, and the opportunities for laboratory work, by assiduously applying them to the advancement of our clinical knowledge.

(3.) That in order to do ampler justice to the patients, and to make a better use of the material at the command of the School, there should be attached to each physician and each surgeon in the Infirmary an assistant, who should occupy a position like that of the *Chefs de Clinique* in the Parisian Hospitals. He would, on the one hand, be able in some measure to relieve the medical officers of the burden of responsibility implied in the charge of so many patients, and by his greater leisure would be able to follow out original investigations as to the nature of the maladies beyond what the chiefs and the resident physicians and surgeons are able to overtake. I should not desire to see these gentlemen made permanent members of the staff, but rather that they should hold office for a year or two years, and that the most distinguished of them should be selected for the assistant physicianships and surgeonships when these fall vacant.

(4.) That we should cultivate the habit of co-operation in original work, each collaborateur undertaking the department which his previous knowledge and opportunities have prepared him best to undertake.

(5.) That we should cultivate the habit of attending the societies, and taking a kindly and intelligent interest in the work which is being done by our neighbours.

#### EDUCATION.

The last topic to which I wish to ask your attention is the work which is done by the profession in Edinburgh in the way of training those who are to be our colleagues and successors.

The extraordinary increase of the Medical School in Edinburgh within the past twenty-five years has attracted general attention. In 1861-62 the medical students numbered 543, in 1886-87 they numbered 1872. The teaching has during this period been assuming more and more of a practical character, and the examinations, preliminary and professional, have been steadily increasing in stringency. Some, indeed, maintain that this increase has in some



departments been unduly great, certainly the proportion of rejections is very high. The inspectors who visited the University during the final examination in 1885 gave a report which must, on the whole, be considered eminently satisfactory, both as to the character of the examinations and of the teaching; and no doubt the progress made in regard to the licensing of practitioners by the Colleges of Physicians and Surgeons is correspondingly satisfactory. Many causes have doubtless contributed to the success of the Scottish schools of medicine. Among these are no doubt the eminent fame of many of the incumbents of chairs in former days, their achievements having shed a lustre upon the institutions with which they were connected. Much has also been due to the thoroughness and efficiency of the teaching which the Scottish schools have supplied, and associated with this is the peculiar arrangement to which, in my opinion, Edinburgh owes so much, the co-existence and co-operation of university and extra-academical teaching.

During the past quarter of a century many reforms and improvements have been effected in the University system. As to examinations, they have been made in every department more practical than they used to be, and the testing in respect of clinical knowledge has been introduced as an entirely new feature. No student can now receive his qualification without giving proof of personal familiarity with clinical work, and the examinations in the department are so arranged as to test him along the whole line, at least of ordinary medical and surgical work, including gynæcology.

The introduction of co-examiners to act along with the University professors constitutes another most important improvement. Few who have had experience in the matter can doubt the propriety of the professors acting as examiners in their own subjects, while the addition of an independent expert who has no knowledge of the students, or of the special features of the course of teaching which they have had, is equally or almost equally advantageous.

As to the reforms in respect of teaching, I shall not enter into any detail, excepting in so far as it concerns the teaching of medicine, with which I am specially connected. The growth of the School has made it essential that our clinics should be subdivided, and accordingly, instead of, as was formerly the case, one professor being on duty at a time, and being solely responsible during three months of the session for the teaching of the clinical class, all the clinical professors now remain on duty throughout the whole year, the class thereby being subdivided into manageable groups. The Professor of Midwifery has also become associated with other colleagues in clinical teaching, and supplies the practical training in gynæcology, for which few opportunities were afforded formerly, and which are acknowledged to be of the utmost

importance. The introduction of tutorial drill in the various technical methods of examination of patients has constituted another valuable step in advance. These tutorial classes have been organized with extraordinary skill, and carried out with remarkable efficiency, and have materially helped the students in their efforts to acquire a knowledge of medicine.

The establishment of special clinics in the Infirmary upon syphilitic diseases, skin diseases, diseases of the ear and throat, and the much fuller development of the department devoted to diseases of the eye, also claim a place in the list of important reforms. The opening up of the Royal Hospital for Sick Children, by the establishment of clinical lectureships in connexion with the University and with the extra-academical courses, marks very important progress; and I do not doubt that in a few years further developments will have taken place in connexion with that invaluable institution. The clinical surgery of children's diseases is nearly as important as their clinical medicine, and both that and the subjects hitherto specially taught will come to occupy important positions in the curriculum.

The clinical teaching of fever, which is so essential, has within the past few months been placed upon a footing more satisfactory than it has been since the City Hospital was opened; and notwithstanding the dangers and disadvantages which attend the clinical study of fevers, I am confident that this Society will agree with me in thinking that no student can be regarded as properly trained, or fitted to enter upon practice, who has not had opportunity of studying that important class of diseases at the bedside. I wish that it had been possible to persuade the authorities to appoint two clinical physicians, who should also have been clinical lecturers on fever; but the arrangements which they deemed it wiser to make are certainly being turned to the advantage of the students as far as possible. Reforms have also been effected in regard to the teaching of insanity. The severance of that specialty from its connexion with the Chair of the Practice of Medicine was, in my opinion, a step in the right direction; and there is no school where those who wish to make themselves masters of this department have better opportunity of doing so than in Edinburgh.

I have heard the idea expressed that medical teaching in Edinburgh affords too much of mere instruction and too little of real education; that the student is not left sufficiently to find things out for himself, but is trained to depend entirely upon having them put before him in the very simplest forms. This question deserves attention; for if it be really true, it implies a very serious defect in the educational system. But is it an objectionable thing that the facts, principles, and theories which a student of medicine must master be presented to him in a readily intelligible form? Is that not preferable to his having them presented in a crude, obscure form, or in one difficult of comprehension? So

long as care is taken in the examinations that mere answers from memory shall not suffice for the purpose in view, but that questions shall be framed so as to elicit evidence of a really intelligent acquaintance with the subject, we may be sure that no evil will follow its simple and vivid presentation to the student's mind. Is it not, on the other hand, true that students now are taught to do things with their own hands, and to think out questions for themselves, in a way that was not dreamt of five-and-twenty years ago; that they are initiated into practical work, and have the opportunity of developing their powers as fully in the educational institutions of which I am speaking as is the case in any of the schools in any department of human knowledge?

As to suggestions by way of further improvement, I shall venture to urge upon this Society—

(1.) The importance of our presenting a united front, and not allowing local prejudices or local jealousies to ally themselves with the very active opposition which is more or less constantly threatening the School.

(2.) The necessity of rearranging the examinations, or of extending the curriculum so that students may be able to devote sufficient time to the study of the practical subjects; too much of the four years at present required is devoted to departments which, although no doubt of great interest and value, are not to be the lifework of medical practitioners, and of which a knowledge is not of vital moment, as a knowledge of Medicine, Surgery, and Midwifery undoubtedly is.

(3.) The hospital hours should be so altered as to extend over at least three instead of two hours daily as at present, so that students might be able to avail themselves of the opportunities of clinical study in the medical and surgical wards simultaneously, if that seemed desirable, or to attend senior clinics in the surgical and special clinics in either department, along with the ordinary medical clinics during the later years of their studies.

(4.) That attendance should be made compulsory upon clinics on children's diseases and on fevers—say, courses of twenty to thirty clinics upon each—and that special short clinical courses—say of twelve demonstrations—on mental diseases should be made compulsory for every student, while encouragement should be given to those who wish to make insanity a specialty to attend the more extended course as at present conducted.

(5.) Another question of much interest is whether attempts should not be made to establish residential colleges, inns, halls, or boarding-houses for the benefit of such students as might incline to take advantage of them in preference to the present system of boarding in families or living in lodgings. I should regret exceedingly if it were attempted to make such a plan universal; but I believe that important ends would be served if such institutions were founded in connexion with the Medical Schools of Scotland.

I have to thank you, gentlemen, for the patient hearing of these desultory observations, and for all the courtesy that I have experienced at your hands during the years that I have had the honour of occupying the presidential chair. When we remember that our President elect has already, with eminent success, occupied the Chair of the Royal College of Surgeons, and is universally known among us as one of the most genial and cultured, as well as able of the members of the profession, we have good reason to hope that the Society may go on to greater prosperity during his tenure of office. Too often in the history of the Society have I remarked that the termination of a Presidentship coincided with the disappearance of the President from all future meetings of the Society. I hope that it will not be so with me, for I fully intend to be as regular in the future as during the past two years. I have never yet attended a meeting of this Society without learning something that I was glad to know. I wish that we could see the Society characterized by the attendance of the senior members of the profession as well as by the juniors, by the communication of good papers, embodying the results of careful and able work, and by their discussion in short and pointed, appreciative and yet critical speeches.





